DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled ANTIMYCOTIC NAIL POLISH FORMULATIONS COMPRISING SUBSTITUTED 2-AMINOTHIAZOLES AS AN ACTIVE SUBSTANCE

was filed in the United Star with amendment(s) filed or was filed as PCT Internationapplicable)	ides amendment(s) filed on (interpolation of the condition of the conditio	S. Patent Application No.	24, 2004 and was an	ıcnded under PCT	'Aπicle 19 on (i
I hereby authorize and request my application number of said applic	y attorneys at Jones Day to ins	ert herein parentheses (A	application No.	filed) ph	= filing date and
I hereby state that I have reviewed amendment referred to above	d and understand the contents	of the above identified a	pplication, including	the claims, as amo	nded by any
I acknowledge the duty to disclos Regulations,§1.56.	e information known to me to	be material to patentabil	ity as defined in Title	37, Code of Fede	ral
I hereby claim foreign priority becertificate listed below and have a of the application on which priori	and inertrice polow mid foldi:	tates Code, §119(a)-(d) (gn application for patent	of any foreign applica or inventor's certifica	tion(s) for patent (te having a filing	or inventor's date before that
EARLIEST FOREIG	N APPLICATION(\$), IF ANY	y, filed prior to th	IE FILING DATE OF	THE APPLICAT	ΓΙΟΝ
APPLICATION NUMBER	COUNTRY		OF FILING nonth, year)	PRIORITY CLAIMED	
10341944.6	Germany	Scptember 11,		YES 🖾	NO 🗀
			•	YES 🗆	NO □
hereby claim the benefit under T	Itle 35, United States Code, §I	19(c) of any United Stat	es provisional applica	stion(s) listed belo	w.
PROVISIONAL APP		FILING DATE			
		٠.			
hereby claim the benefit under Tinatter of each of the claims of this aragraph of Title 35. United States defined in Title 37. Code of Fedutional or PCT international filing	s Code §112. I acknowledge the cral Regulations, \$1.56 which	the prior United States and disclosed information	application in the man	ner provided by the	ne first
NON-PROVISIONAL APPLICATION SERIAL NO.	FILING DATE		STATUS		
CT/EB3004/000507		PATENTED	PENDING	AB	ANDONED
CT/EP2004/000597	January 24, 2004				

(1)

DCJD: 504578.1

for use only when the application is assigned to a company, partnership or other organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. LAYT NAME **FULL NAME** FIRST NAME MIDDLE NAME OF INVENTOR Lang-Fugmann Susanne CITY RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 0 CITIZENSHIP Ratingen Germany Germany STREET CITY POST OFFICE STATE OR COUNTRY ZIP CODE Dr.-Kessel-Strasse 3 Ratingen **ADDRESS** Germany 40878 SIGNATURE OF INVENTOR 201 DATE 2006-09-07-**FULL NAME** LAST NAME MIDDLE NAME OF INVENTOR 2. CITY RESIDENCE & STATE ORTOLEIGN-COUNTRY COUNTRY OF CITIZENSHIP 0 CITIZENSHIP STREET CITY POST OFFICE STATE OR COUNTRY ZIP CODE **ADDRESS** SIGNATURE OF INVENTOR 202 DATE **FULL NAME** LAST NAME FIRST NAME MIDDLE NAME OF INVENTOR 2 CITY STATE OR FOREIGN COUNTRY RESIDENCE & COUNTRY OF CITIZENSHIP 0 CITIZENSHIP STREET CITY STATE OR COUNTRY POST OFFICE ZIP CODB ADDRESS SIGNATURE OF INVENTOR 203 DATE **FULL NAME** LAST NAME FIRST NAME MIDDLE NAME OF INVENTOR **RESIDENCE &** CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 0 CITIZENSHIP STREET CITY STATE OR COUNTRY ZIP CODS POST OFFICE ADDRESS SIGNATURE OF INVENTOR 204 DATE **LAST NAME** FULL NAME FIRST NAME MIDDLE NAME OF INVENTOR RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 0 CITIZENSHIP STREET CITY STATE OR COUNTRY ZIP CODE **POST OFFICE**

(2)

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SIGNATURE OF INVENTOR 205

ADDRESS

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